

U.S. Army Dental Command



PRE-MOBILIZATION DENTAL REQUIREMENTS

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REASONS FOR PRE-MOBILIZATION DENTAL REQUIREMENTS

- Subject: Alternatives to Reduce Post-Mobilization Training Time for Operation Iraqi Freedom II (OIF II).
- Section (e)- **Eliminate duplication of effort and time spent at mobilization stations.**

MEMO FOR SEC ARMY FROM UNDER SECRETARY OF DEFENSE DR DAVID CHU, 10 SEP 2003

- **19% Class 3 rate**
- **87% need exam done to sta**
- **87% need bitewing radiogr**
- **22% need panographic rad**

**OIF2
REALITY
(DEC03-
FEB04)
RC DENTAL**

U.S. Army Dental Command

FIVE MOBILIZATION DENTAL REQUIREMENTS

- **COMPLETE MILITARY DENTAL RECORD**
- **ANNUAL EXAM DONE TO STANDARD**
- **PANOGRAPHIC AND SUPPORTING RADIOGRAPHS (I.E. BITEWINGS)**
- **MEDPROS DATA ENTRY CORRECT**
- **DENTAL CL 3 TREATMENT COMPLETED BEFORE MOBILIZATION SRP**

MILITARY DENTAL RECORD

- **Military dental record jacket**
- **DA Form 5570, Health Questionnaire envelope**
- **DD Form 2005, Privacy Act Statement**
- **SF603 and/or DD Form 2813**
- **Panograph and supporting radiographs(i.e. BWs)**
- **HIPAA NOPP (Notice of Privacy Practices)-not required until RC soldier is federalized**

U.S. Army Dental Command

ANNUAL PERIODIC ORAL EXAMINATION

ASD (HA) POLICY 98-021

- ANNUAL EXAM REQUIREMENT
 - SECTION (b) Active Duty and Selected Reserve personnel require a **periodic dental examination** on an **annual basis**.
- DEPLOYMENT REQUIREMENT
 - SECTION (d) **Dental Records** shall be **screened** prior to extended deployments. Personnel shall not deploy in Dental Class 3 or 4....

ANNUAL PERIODIC ORAL EXAMINATION

- **CODE D0120- PERIODIC ORAL
EVALUATION**

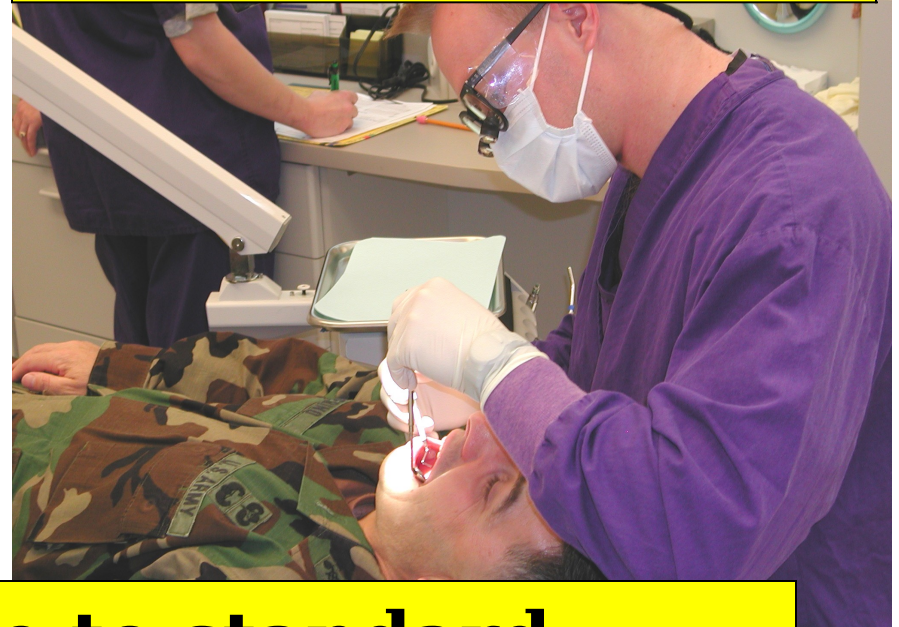
- An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes **periodontal screening** and may require interpretation of information acquired through **additional diagnostic procedures** (e.g. radiographs).

**DD Form 1170- Guidelines for Dental
Procedure Codes (Oct 2003)**

DENTAL SCREENING



DENTAL EXAMINATION



**A D0120 exam done to standard
(mirror, probe, PSR, bitewings) will
identify 12% more Class 3s than a
dental screening.**

U.

STUDY

DENCOM OIF2

ANNUAL EXAM REQUIREMENTS DENCOM DTFs

- **DENCOM POLICY LETTER 03-26, PERIODIC ORAL EVALUATION REQUIREMENTS**
 - **Consistent with professional standards of D0120, periodic oral examination.**
 - **Components**
 - **Blood Pressure Assessment (not required for RC)**
 - **Caries Risk Assessment**
 - **Periodontal Assessment- PSR**
 - **Tobacco Risk Assessment**
 - **Oral Cancer Screening**
 - **Appropriate Radiographs.**

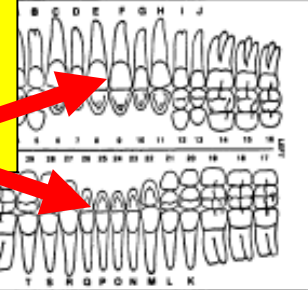
SAMPLE SF603 WITH ANNUAL EXAM STAMP

GENERAL SERVICES ADMINISTRATION
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FORM 603 (41 CFR) 201-45.505

HEALTH RECORD		DENTAL	
SECTION I. PRESENTING DENTAL STATUS		PAGE: 1	
1. PURPOSE OF EXAMINATION		2. TYPE OF EXAM.	
INITIAL	SEPARATION	OTHER (Specify)	
4.	MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES		
A B C D E F G H I J		REMARKS	
RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			
LEFT 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32			
T S R Q P O N M L K			
USE ONLY IF DIFFERENT FROM BOX 7 BELOW			
PLACE OF EXAMINATION		DATE	

All Active Dental Disease (pencil)

CL 3 TX Plan (pencil)



Do not complete this section

6. INDICATE X-RAYS USED IN THIS EXAMINATION		7. EXAMINING DENTIST AND FACILITY	
PANORAMIC RADIOGRAPHS	FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER
NONE TAKEN		SIGNATURE OF DENTIST	
PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)		DATE OF BIRTH	
RELATIONSHIP TO SPONSOR		COMPONENT/STATUS	
DEPARTMENT		RANK/GRADE	
ORGANIZATION		DEPARTMENT	

Complete this section

Date

Complete all parts of stamp (pen) except BP

PSR? Info on DENCOM web page

Dentist Name
Dentist Initial
Classification (pen)

10. SERVICES PROVIDED		SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)		CLASS
DATE				
PERIODIC ORAL EVALUATION				
BP	/			
BWX	PAX	PANX		
SOFT TISSUE WNL: Yes / No				
CARIES RISK: Low Mod High				
TOBACCO: No Smoke Chew Both				
PSR				

U.S. Army Dental Command

DD FORM 2813

Must document DD 2813 results on the SM's SF603:

“Soldier classified as class ___, on a DD2813 dated __ __ 2004”

■ Allows a service member to receive a documented dental classification based upon examination by a civilian dentist.

■ TDP paid by SM.

■ SM's private insurance plan.

■ Fee for service paid by SM.

■ Military (RC) and contracted dentists **must use SF603/603A**

■ Minimum is mirror, probe and bitewing radiographs

Classification checked

Conditions of Class 3 checked?

X-rays read: Exam meets standard?

DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE FORCES DENTAL EXAMINATION			
<small>The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director (0704-0188), Washington, DC 20503.</small>			
Must document DD 2813 results on the SM's SF603: “Soldier classified as class ___, on a DD2813 dated __ __ 2004”			
<small>(3) Patient has oral conditions that you <u>do</u> expect to result in dental emergencies within 12 months. Examples of such conditions are: (X the applicable block or specify in the space provided)</small>			
<input type="checkbox"/>	<small>(a) Infection: Acute oral infections, pulpal or periodontal pathology, chronic oral infections, lesions and abscesses requiring biopsy or awaiting biopsy report.</small>		
<input type="checkbox"/>	<small>(b) Caries/Restoration: Dental caries or fractures with moderate or advanced extensive restorations or temporary restorations that patients cannot maintain for 12 months.</small>		
<input type="checkbox"/>	<small>(c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for communication, or acceptable aesthetics.</small>		
<input type="checkbox"/>	<small>(d) Periodontal Conditions: Acute gingivitis or periodontitis, active moderate to advanced periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival periodontitis, manifestations of systemic disease or hormonal disturbances.</small>		
<input type="checkbox"/>	<small>(e) Oral Surgery: Impacted, partially erupted, or missing teeth with historical, clinical or symptoms of problems that are recommended for removal.</small>		
<input type="checkbox"/>	<small>(f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.</small>		
<small>(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient. If they describe the condition(s) below:</small>			
<div><div>(5) Were X-rays consulted?</div><div><div>YES</div><div>NO</div></div><div>IF YES, DATE X-RAYS TAKEN (YYYY-MM-DD)</div></div>			
<small>7. DENTIST'S NAME (Last, First, Middle Initial)</small>		<small>8. DENTIST'S ADDRESS (Street, City, State, Zip)</small>	
<small>9. DENTIST'S TELEPHONE NUMBER (Include Area Code)</small>			
<small>10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER</small>		<small>11. DATE OF EXAMINATION (YYYY-MM-DD)</small>	

PANOGRAPHIC RADIOGRAPH REQUIREMENTS

- Panographic radiograph (one copy) is required in the military dental record
- Properly identified & dated.
- Adequate quality for diagnostic and identification purposes.
- No time limit on the age of panograph.
HOWEVER , must adequately represent the current oral condition of the soldier-
substantial Class 3 treatment normally will require a new pano be taken BEFORE the SRP.
- Digital panograph requires printed copy in record

SUPPORTING RADIOGRAPH REQUIREMENTS

- **NEW PATIENT-** Individualized radiographic examination consisting of appropriate radiographs, commonly posterior bite-wings and selected periapicals.
- **RECALL PATIENT -** Bitewing Requirements
 - High caries risk/clinical caries: 12-18 months
 - Low caries risk/no clinical caries: 24-36 months
- Digital radiographs require printed copy in record

HHS Publication No FDA 88-8273

DO NOT SEND SOLDIERS TO MOB STATION WHO DO NOT MEET REFRAD POLICY STANDARDS



If SM brought to mob station, DENTAC will determine if deployable and REFRAD:

- Severe dental Class 3 conditions that require lengthy treatment &

healing.

- Immediate complete or extensive partial dentures requiring months to

Treatment & healing must occur before Soldier's LAD date

Pre-Mobilization Priorities: How to Spend Pre-Mobilization Time& Money

- **Current D0120 exams to standard including panographic & supporting radiographs.**
- **Complete military dental records documented correctly. Screen DD2813s for correctness.**
- **Determine non-deployable REFRAD cases and start cross-leveling replacement Soldiers.**
- **Do oral surgery cases to allow pre-mob healing.**
- **Prioritize and complete 1 to 2 appointment CL3 treatment cases, then shift to intensive care cases.**